2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # S14538** 01-11-2008 90068 050 ***150.00 TANNER FURNITURE, INC. Principal Place of Business Mailing Address 4000*** 545760 US HWY 1 P.O. BOX 535 HILLIARD, FL 32046 CALLAHAN, FL 32011 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-3041060 Not Applicable Zip Country Country Ζip \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TANNER, KATHERINE A. 545760 US HWY 1 CALLAHAN, FL 32011 232846 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept lannor SIGNATURE ALL 14 9. Election Campaign Financing FILE NOW!!! FEE IS \$150,00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE ■ Addition TANNER, HENRY MAME NAME STREET ADDRESS 391642 PROSPECT LANDING RD. STREET ADDRESS CITY-ST-ZIP HILLIARD, FL 32046 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE TANNER, KATHERINE A NAME NAME STREET ADDRESS 391642 PROSPECT LANDING RD. STREET ADDRESS CITY-ST-ZIP HILLIARD, FL 32046 CITY-ST-ZIP TITLE ☐ Delete TOTLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Jan 11, 2008 8:00 am